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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/821,234
	Filing Date	April 7, 2004
	First Named Inventor	Ivan Labat
	Title	Methods and Diagnosis for the Treatment of Preeclampsia
	Art Un't	1634
	Examiner Name	Jeanine Anne Goldberg
	Attorney Docket No.	31280/42996

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature	<i>Fabio Rupp</i>	Date	10/15/2007
Name	Fabio Rupp	Telephone	408 242-6170
Title and Company	President/CEO HERA BIOMEDICAL INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 11/19/07Signature: *Lynn L. Janulis* (Lynn L. Janulis)